

## BARBITURATE INTOXICATION

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## Dealing with Nonspecific Diarrhea

In treating patients with nonbacterial diarrhea, there is no evidence whatsoever that non-absorbable or absorbable antimicrobial agents produce any sort of beneficial effect. In fact, the reverse is true. Our studies in Central America have again shown that an average patient experiences a prolongation of diarrhea with any type of antimicrobial therapy. And thus, the blind use of diarrhea nostrums containing one or several nonabsorbable antibiotics (which is still widely practiced around the world) is to be condemned. Equally poor practice is the administration of systemic antimicrobial therapy. The situation can really be handled much more effectively by symptomatic treatment.

Most patients with mild to moderate diarrhea probably respond as quickly to rest and to the administration of a bland, clear liquid diet as they do to any type of pharmacologic therapy. Abdominal cramps will often be diminished in frequency or intensity by the local administration of heat—the old hot water bottle is still very useful. Occasionally, anticholinergic agents are beneficial for these complaints. In children, diphenhydramine (Benadryl®)—which combines an antihistaminic action with strong sedative action and an atropine-like effect—is used with reported success by many practitioners in our area for the relief of cramps. It sedates the child, it seems to be quite nontoxic and it has, apparently because of its atropine-like action, an anticramp effect. It, of course, does not affect the diarrhea *per se*.

I should particularly mention that diphenoxylate, or Lomotil®, should never be employed in small children. I know it is used for this purpose rather widely, but one has to recognize that the range between effective and toxic dosage is too small in young children.

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